

**BLAKELY
SOKOLOFF
TAYLOR &
ZAFMAN**
A LIMITED LIABILITY
PARTNERSHIP INCLUDING
LAW CORPORATIONS

1279 OAKMEAD PARKWAY
SUNNYVALE, CALIFORNIA 94085
(408) 720-8300 (Telephone)
(408) 720-8383 (Facsimile)

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FACSIMILE TRANSMITTAL SHEET

Deliver to: Examiner John R. Cottingham, Art Unit 2116
Firm Name: U.S. Patent & Trademark Office
Fax Number: 703-872-9306
From: John P. Ward Operator: Anne Collette
Date: April 27, 2005
App. No.: 10/099,648
No. of pages: 10 (including cover sheet)
Client/Matter: 42P13408 Docket Date: 4/30/2005 Atty: EMM

Dear Examiner:

Please find the following document(s) attached:

- 1) Fee Transmittal (1 page)
- 2) Response to Office Action (8 pages)

Thank you.

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By: <u>Anne Collette</u> Anne Collette	Date: <u>April 27, 2005</u>

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 120.00)**Complete if Known**

Application Number	10/099,648
Filing Date	March 15, 2002
First Named Inventor	Robert J. Grenier
Examiner Name	John R. Cottingham
Art Unit	2116
Attorney Docket No.	42P13408

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x					
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x					
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

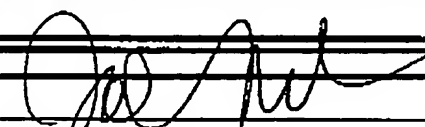
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

1) Extension for response within first month (Fee Code 1251)

Fees Paid (\$)
120.00**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 40,216	Telephone 408-420-8300
Name (Print/Type)	John P. Ward		Date April 27, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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